

2558

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

158

1. County of Gila
 District of _____
 Town of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
 Co. Registrar No. 517
 Local Registrar No. _____

City of Globe No. _____ St. _____ Ward) _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lydia Mendoza If child is not yet named, make supplemental report, as directed

3. Sex of child 7. To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth 10-23-22 (Month, day, year)

8. Full name Cirilo Mendoza
 9. Residence (Usual place of abode) Globe, Ariz.
 If nonresident, give place and state
 10. Color or race Mex 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) Mexico
 (State or country)
 13. Occupation Miner
 Nature of industry

14. Full maiden name Francisca Canchola
 15. Residence (Usual place of abode) Globe, Ariz.
 If nonresident, give place and state
 16. Color or race Mex 17. Age at last birthday 23 (Years)
 18. Birthplace (city or place) Mexico
 (State or country)
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams
 Address Globe, Ariz.

Given name added from a supplemental report _____
 (Month, day, year)

Filed Nov 12, 1922 R. G. Jay Local Registrar.
 Filed Dec 5, 1922 R. G. Jay County Registrar.

Registrar 341-1023-631

N. B. - If more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.